

# Gendered Differences in Perceived Emotion: The Impact on Clinical Diagnoses and Treatment

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### **Abstract**

Diagnosis of psychological disorders is clearly gendered. To help explain these gender differences, previous research investigating actual and perceived gender differences in emotion will be detailed. Within a non-clinical setting, perceived gender differences in emotion appear larger and more consistent than actual gender differences in emotion. Gender stereotypes about emotions offer an explanation of this finding. The implications of these findings in a clinical setting are explored, specifically the impact of gender stereotypes about emotion on diagnosis and intervention.

*Keywords:* emotion, gender, gender stereotypes, psychological therapy

In the UK a diagnosis of mood and anxiety disorders is more common in women (King et al., 2008), whilst a diagnosis of substance use disorder is more common in men (World Health Organisation, 2002). While gender differences in prevalence rates may exist, this may also reflect a gendered diagnostic process. Women are more likely than men to receive a diagnosis of depression even when presenting symptoms are the same (Afifi, 2007; Loring & Powell, 1988). Gender stereotypes about emotion offer an explanation as emotions are linked to categories used to diagnose mental health disorders (American Psychiatric Association, 1994; World Health Organisation, 2007). Thus the diagnoses considered for an individual will depend, at least in part, upon the emotions they are perceived to be expressing. Research has demonstrated that gender stereotypes about emotions exist (Niedenthal, Krauth-Gruber, & Ric, 2006), and within a clinical setting, stereotypes held by mental health trainees do not match the experiences of their clients (Vogel, Wester, Heesacker, Boysen, & Seeman, 2006).

This review provides key definitions before outlining the research evidence for actual and perceived gender differences in emotion and gender stereotypes about emotion. The impact of stereotypes upon the diagnosis and treatment of mental disorders is then explored. The literature search was conducting using gender, emotion, diagnosis, psychological therapy, emotional intelligence and stereotype as search terms. Abstracts from identified articles were read, articles deemed relevant were read in full and critically appraised. Articles of sufficient quality and relevance were included in the literature review.

### **Definitions**

Emotions are intense but changing mental states (Candland, 2003) described as feelings or defined in terms of physiological reactions (Niedenthal et al., 2006).

This review focuses on emotions as a social process, occurring within a specific context (Shields, 2000).

Gender refers to a social definition of being a man or a woman in a particular culture at a specific time, including gender roles, rather than the biological characteristics of males and females which would be referred to as sex differences (Johnson & Stewart, 2010).

### **Research Findings: Actual Gender Differences in Emotion**

Evidence for gender differences in emotion is mixed, and often depends on how emotion is investigated. Gender differences in emotional *experience* have been shown to be small and inconsistent (Wester, Vogel, Pressly, & Heesacker, 2002), particularly when emotions were recorded as they were experienced, referred to as online recording (LaFrance & Banaji, 1992). However gender differences in the *expression* of emotion are larger and more consistent than the differences in experience (Kring & Gordon, 1998). Inconsistencies may result from differing methodologies and different aspects of emotion being measured (LaFrance & Banaji, 1992). Gender differences in emotion appear more pronounced when global retrospective reports are made (Barrett, Robin, Pietromonaco, & Eysell, 1998; LaFrance & Banaji, 1992).

### **Frequency**

When reporting retrospectively the overall frequency of experiencing emotions does not tend to differ by gender, however positive emotions were reported more frequently by men whilst negative emotions were reported more frequently by women (Simon & Nath, 2004). Despite this finding, when providing global, retrospective ratings of their emotional expressiveness, women rated themselves as more emotional than men (Barrett et al., 1998). Moreover, when rating emotional

responses to hypothetical scenarios participants rated themselves as more emotional than an average man and less emotional than an average woman (Robinson & Johnson, 1997). When watching film clips no gender differences in emotional experiences were found although women were rated as expressing more emotion in their facial expressions than men (Kring & Gordon, 1998). However findings from studies using hypothetical scenarios or film clips may lack generalisability to other settings.

Focusing on specific emotions, most studies found no gender differences for frequency of experiencing anger when reporting online (Hamden Mansour, Dardas, Nawafleh, & Abu-Asba, 2012), retrospectively (Barrett et al., 1998; Grossman & Wood, 1993) or in response to hypothetical scenarios (Buntaine & Costenbader, 1997). Although on one occasion men retrospectively reported experiencing anger less frequently than women, the effect sizes were extremely small as they were for the majority of findings in this study (Brebner, 2003). In terms of expression one study found no gender difference for retrospective reports of expressing anger (Grossman & Wood, 1993) whilst another found that boys reported physically expressing more anger than girls (Buntaine & Costenbader, 1997).

Women have retrospectively reported more frequent experiences of affection (Brebner, 2003), joy, fear, sadness (Brebner, 2003; Grossman & Wood, 1993) and love (Grossman & Wood, 1993). Less consistent are experiences of contentment and pride, on one occasion women reported more frequent experiences of contentment and men pride, whilst another sample showed no gender differences for either emotion (Brebner, 2003).

Moving on to expressing emotions, women retrospectively reported expressing their emotions more than men (Barrett et al., 1998), specifically love, fear, joy, and

sadness (Grossman & Wood, 1993). Girls as young as four were observed to express more positive emotions (Garner, Robertson, & Smith, 1997) and more sadness and anxiety than boys (Chaplin, Cole, & Zahn-Waxler, 2005), however generalisability is limited as the samples lacked ethnic and socioeconomic diversity.

Interestingly Barrett et al. (1998) found that when reporting emotions online men and women reported equal amounts of happiness, sadness, nervousness, surprise and anger despite women rating themselves as more anxious, sad and happy when reporting retrospectively. Robinson and Clore's (2002) accessibility model explains that when reporting online emotions people utilise experiential knowledge whereas when they report retrospectively they utilise beliefs about emotions relating to their identity including gender roles.

### **Intensity**

Women tend to rate their emotional experiences as more intense than men when reporting retrospectively (Barrett et al., 1998; Grossman & Wood, 1993) in response to hypothetical scenarios (Robinson & Johnson, 1997) or when reliving emotions (Levenson, Carstenson, Friesen, & Ekman, 1991). More specifically, when reliving emotions or reporting retrospectively they report more intense experiences of love (Chentsova-Dutton & Tsai, 2007; Grossman & Wood, 1993), shame, guilt (Fischer, Rodriguez Mosquera, Vainen, & Manstead, 2004) and affection (Brebner, 2003). Reliving emotions may be influenced by the beliefs and stereotypes about emotions held by participants.

Findings regarding pride, contentment, joy, fear, sadness and anger have been inconsistent. On some occasions women have retrospectively reported more intense experiences of contentment, joy, fear and sadness whilst men have reported more intense experiences of pride (Brebner, 2003; Fischer et al., 2004; Grossman & Wood,



1993) however one sample revealed no gender differences for any of these emotions (Brebner, 2003). On some occasions women have reported more intense experiences of anger compared to men when reporting retrospectively (Brebner, 2003) or reliving emotions (Chentsova-Dutton & Tsai, 2007) whilst other studies have found no gender differences when reporting anger retrospectively (Brebner, 2003; Fischer et al., 2004; Grossman & Wood, 1993). Biased reporting may occur when using self-report measures and men and women may use scales differently.

### **Emotional Control**

Looking at the ability to control emotions, across a number of studies using self-report measures women rated their emotional intelligence higher than men rated theirs (Mandell & Pherwani, 2003; Petrides, Furnham, & Martin, 2004). Brackett and Mayor (2003) found that women scored higher on an ability test of emotional intelligence although ratings on self-report measures did not differ according to gender suggesting self-reporting of emotional intelligence do not relate strongly to tests of emotional intelligence ability. Men rated their self-control of emotions higher than women rated theirs (Siegling, Saklofske, Vesely, & Nordstokke, 2012) but only for control of fear and surprise, while women rated their self-control of anger, contempt and disgust higher than men rated theirs (Matsumoto, Takeuchi, Andayani, Kouznetsova, & Krupp, 1998).

### **Research Findings: Perceived Gender Differences in Emotion**

The summary of the literature regarding actual gender differences confirms the finding by Wester et al. (2002) that gender differences in emotional experience are small and inconsistent. In addition to knowledge about their own emotions, individuals perceive the emotions of others and these perceptions may alter according to the gender of the target. Research has shown that the gender of an expresser will

impact upon the perception of emotions from facial expressions (e.g. Algoe, Buswell, & Delamater, 2000) and the attributions made about this expression of emotion (e.g. Barrett & Bliss-Moreau, 2009).

### **Perceiving Emotions**

When perceiving emotions from facial expressions, male faces are rated as showing more contempt and anger, whilst female faces are rated as showing more fear (Algoe et al., 2000). Faces portrayed as being ambiguously sad/angry were rated as expressing more sadness and more emotion when they were female (Plant, Kling, & Smith, 2004). Male faces were rated as showing more anger in one study with no gender differences in another. In addition intensity ratings for anger and happiness did not differ according to the gender of the expresser (Biele & Grabowska, 2006). When asked to imagine an angry face, this was more likely to be male and neutral male faces were more often mistakenly classified as angry compared to neutral female faces (Becker, Kenrick, Neuberg, Blackwell, & Smith, 2007).

In a study of perceptions of ambiguous infant emotion, adult participants watching a video of an infant were more likely to rate its response as angry if they had been told the infant was a boy and fearful if they had been told it was a girl (Condry & Condry, 1976). Similar responses have been shown in children as young as four who were more likely to perceive male characters in a vignette as angry and female characters as sad (Parmley & Cunningham, 2008). In both studies significant gender differences were only perceived where the response was ambiguous.

### **Attributions for Emotions**

Attributions as well as perceptions of emotion differ according to the gender of the expresser. Faces portraying sadness, fear, and anger were rated as more emotional (internal attribution) if they were female and were given higher ratings for

having a bad day (external attribution) if they were male (Barrett & Bliss-Moreau, 2009). Similarly, in the workplace the expression of emotion by women was internally attributed (e.g. being an angry person), whilst the expression of emotion by men was externally attributed (Brescoll & Uhlmann, 2008). Women were thought to experience feeling emotional more often than stressed with the opposite perceived for men (Robinson & Johnson, 1997).

### **Perceptions in a Mental Health Setting**

Judgements made by 79 clinicians (including clinically trained psychologists) about healthiness, including aspects of emotional experience and expression, were gendered (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1970).

Clinicians endorsed more traits typically viewed as masculine when asked to describe a healthy adult male and more traits typically viewed as feminine when asked to describe a healthy adult female. When asked to describe a healthy adult they endorsed more masculine than feminine traits. , Mental health trainees rated women as expressing more depression, happiness, anxiety, and fear within a dating relationship and therapy and as expressing more anger and jealousy within a dating relationship only (Vogel et al., 2006). When this was compared to self-reports and observations of clients, mental health trainees had overestimated gender differences in emotional expressiveness 50-67% of the time.

### **Summary**

Although the gender differences in emotional experience shown are small and inconsistent (Wester et al., 2002), perceptions of emotions differ according to the gender of the expresser. When perceiving emotions from facial expressions, male expressers receive higher ratings for anger and female expressers receive higher ratings for fear and sadness (e.g. Condry & Condry, 1976; Parmley & Cunningham,

2008) even though men and women reported equal amounts of sadness, nervousness, and anger when recording emotions online (Barrett et al., 1998). Gender stereotypes regarding emotions offer an explanation for this inconsistency between emotional experience and perceptions about the emotional experience of others.

### **Stereotypes**

Stereotypes arise when characteristics shown by an individual are generalised to other members of the group to which the individual belongs to, these characteristics can then be attributed to other individuals in the same group (McGarty, Yzerbyt, & Spears, 2002). Stereotypes enable people to explain situations, reducing the amount of work an individual needs to do to understand what is going on. Stereotypes are not only held by individuals, but are also shared by the group to which an individual belongs. In western culture there is a widely held stereotype that women are more emotional than men (Niedenthal et al., 2006), and British adults believe people with common mental health problems are hard to talk to and unpredictable (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000).

### **Gender Stereotypes about Emotion**

Women are considered more emotional than men (Niedenthal et al., 2006), particularly with regards to emotional expression (Johnson & Shulman, 1988). Women are expected to experience and express many emotions more than men, these include positive emotion (Stoppard & Grunchy, 1993), surprise (Durik et al., 2006; Hess, Adams, & Kleck, 2005; Plant, Hyde, Keltner, & Devine, 2000), happiness (Hess et al., 2005; Plant et al., 2000), love (Durik et al., 2006; Fabes & Martin, 1991), sadness (Durik et al., 2006; Hess et al., 2000; Plant et al., 2000) guilt, shame, shyness, sympathy and fear (Durik et al., 2006; Plant et al., 2000).

Findings with regards to awe, embarrassment, and distress were inconsistent with no differences expected according to gender in one study (Durik et al., 2006) with women expected to experience them more in another study (Plant et al., 2000). Women are expected to experience more intense feelings than men (Robinson & Johnson, 1997), and in particular are expected to experience and express love, joy, fear and sadness more intensely than men (Grossman & Wood, 1993).

Stereotypes about anger and pride were also inconsistent. In one study men were expected to experience more anger and pride (Plant et al., 2000) and express more anger, disgust and contempt (Hess et al., 2005). Other studies showed that men were expected to express but not experience more anger (Fabes & Martin, 1991) or demonstrated no gender differences for anger and pride (Durik et al., 2006). Men are expected to experience and express anger more intensely than women (Grossman & Wood, 1993) and are expected to respond with more happiness to events eliciting negative emotions (Hess et al., 2000).

These gender stereotypes even extend to those who are close to us with participants rating their mothers as higher in emotional intelligence than their fathers (Petrides et al., 2004). However women are believed to have less emotional self-control than men (Fabes & Martin, 1991). Young children appear to hold similar stereotypes expecting females to experience more sadness, fear and happiness and males to experience more feelings of anger (Birnbaum, 1983; Birnbaum & Croll, 1984; Birnbaum, Nosanchuk, & Croll, 1980).

### **Social Context and Stereotypes**

Another factor is social context. In a workplace setting experience of anger did not differ according to gender, although men reported expressing their anger more and women reported experiencing and expressing more happiness (Sloan, 2010). In an

interpersonal (dating) context, both self-report and observation demonstrated no gender differences in emotional expression of depression, happiness, jealousy, anxiety, anger and fear (Vogel et al., 2006). However in relationships with more traditional gender roles women reported suppressing anger more than men although no gender differences were shown in more egalitarian relationships (Fischer & Evers, 2011). Women in traditional relationships that emphasise the different male and female roles may be more affected by gender stereotypes about the acceptability of expressing anger. In the context of receiving psychological therapy self-reports showed no gender differences in the emotional expression of depression, happiness, jealousy, anxiety, anger, and fear (Vogel et al., 2006).

The social context appears to impact upon the gender stereotypes about emotion that are accessed. In an interpersonal context women are expected to overreact more to happy and sad events than men with the reverse found in achievement contexts, in both contexts men were thought to be more likely to overreact to angry events suggesting this is a more stable stereotype (Kelly & Hutson-Comeaux, 1999). Similarly, those who were training to be counsellors viewed being emotional as a typically female trait and being stoic and aggressive as typically male traits (Trepal, Wester, & Shuler, 2008).

### **Impact of Stereotypes upon Emotional Expression**

Individuals may express emotions consistent with gender stereotypes due to the different socialisation that occurs for males and females and in order to gain higher status (Brody, 1997). In the workplace men expressing anger were given higher status than men who express sadness and women who express anger (Brescoll & Uhlmann, 2008). In some situations emotions that go against gender stereotypes can be judged as more valid and thought of as more appropriate and sincere. For

example, when women overreacted to happy events their response was rated as less appropriate and less sincere than men whilst the opposite was shown for anger (Hutson-Comeaux & Kelly, 2002).

### **Social Role Theory**

Gender stereotypes about emotion can be explained by social role theory, where women are associated with childcare and men with financial provision (Spence & Helmreich, 1978). From these social roles arise beliefs that women are more communal (emotional and concerned with others) and that men are more agentic (competitive and independent). Different emotions are linked with being communal (e.g. sadness) or agentic (e.g. angry) and in this way gender stereotypes about emotion arise. In support of this theory research shows that emotional expression links to the gender role an individual identifies with rather than their biological sex. Participants with a masculine gender role types reported experiencing and expressing more anger compared to participants with a feminine, androgynous or undifferentiated gender role type, biological sex did not appear to determine either experience or expression of anger (Kopper & Epperson, 1991). Female participants and those with a feminine gender role type had significantly higher fear scores than male participants and those with a masculine gender role type (Dillon, Wolf, & Katz, 1985)

### **Impact of Perceiver Gender**

Findings regarding the impact of the gender of the perceiver have been inconsistent and differ according to context. Women gave higher ratings for emotional experience in others (Johnson & Shulman, 1988), particularly with regards to fear and anger (Fabes & Martin, 1991). Women (Grossman & Wood, 1993) and girls (Parmley & Cunningham, 2008) perceived greater gender differences in expression of anger and girls were more likely to attribute fear to a female character

(Widen & Russell, 2002). Men gave higher ratings for emotional expression in others (Grossman & Wood, 1993) and perceived greater gender differences in emotion (Johnson & Shulman, 1988) whilst boys were more likely to attribute disgust to a male character (Widen & Russell, 2002). In other studies no differences were found between male and female perceivers (Barrett & Bliss-Moreau, 2009; Biele & Grabowska, 2006; Condry & Condry, 1976; Plant et al., 2004; Robinson & Johnson, 1997).

### **Emotions, Gender and Diagnosis**

#### **Gender Differences in Prevalence Rates**

Women in the UK are twice as likely to be diagnosed with a mood or anxiety disorder and three times as likely to receive these diagnoses in Europe compared to men (King et al., 2008). The higher prevalence of depression in females starts in adolescence whilst the higher prevalence of anxiety is only seen in adult women (World Health Organisation, 2002). Males experience a higher prevalence of conduct disorder during childhood, anger problems during adolescence and substance misuse and anti-social behaviour as adults.

Women may have an increased risk of experiencing depression due to hormone changes, social factors such as marital disharmony and lack of social support and a gender role leading to lower self esteem and control (World Health Organisation, 2002). Other risk factors include higher levels of chronic strain and rumination and lower levels of mastery (Nolen-Hoeksema, Larson, & Grayson, 1999) and a higher likelihood of experiencing trauma and victimisation (Nolen-Hoeksema, 2001). Men appear less likely to recognise that they are experiencing mental health problems, more likely to use alcohol to cope, less likely to seek help (World Health



Organisation, 2002) and less likely to disclose symptoms of depression if this will be followed up (Sigmon et al., 2005).

Gender also appears to impact upon the process of diagnosis as women are more likely than men to be given a diagnosis of depression even when symptoms or scores on standardised tests are the same (Afifi, 2007). Women were more likely to receive a diagnosis of depressive or bipolar disorder and men were more likely to receive a diagnosis of psychotic disorder (Muroff, Jackson, Mowbray, & Himle, 2007). Male psychiatrists were more likely to give a diagnosis of mood disorder to a female client than a male client even when the information given was the same (Loring & Powell, 1988). The gender of a patient was found to impact more upon diagnosis when workload levels were high and the patient was female (Muroff et al., 2007).

### **Links between Emotion and Diagnosis**

Of importance is the link between gender stereotypes about emotion and the gendered process of diagnosis for mental health disorders. There are clear relationships between emotions and diagnostic categories in one diagnostic system, where fear is linked to anxiety disorders, sadness to mood disorders and anger to personality and psychotic disorders (American Psychiatric Association, 1994). In another system the only clear link is between fear and anxiety disorders (World Health Organisation, 2007).

### **Emotions and Psychotherapy**

All psychotherapeutic models believe that emotions or feelings and emotional experience are an important part of the therapeutic process (Whitfield & Davidson, 2007). Psychotherapy involves a confiding relationship with a helping person that is intense and *emotionally* charged and facilitates *emotional* arousal in the person

accessing psychotherapy. The three main types of therapy accessed in the UK all refer explicitly to emotions or feelings when describing the process of therapy (Whitfield & Davidson, 2007). Cognitive-behavioural therapy includes talking about how thoughts and *feelings* are affected by what a person does, with the aim of changing thoughts and behaviour to help a person *feel* better (Royal College of Psychiatrists, 2005). Psychodynamic psychotherapy focuses on how the unconscious and past relationships affect how a person *feels* and counselling offers a space for the person to express their thoughts and *feelings* (Whitfield & Davidson, 2007).

### **Gender Stereotypes and Psychotherapy**

Gender stereotypes about emotion can increase social stigma and result in people only seeking help for problems consistent with stereotypes (Afifi, 2007). Therapists who believed men were unemotional were more likely to make biased judgements about clients, for example blaming the man for difficulties being experienced in a heterosexual relationship (Heesacker et al., 1999). In addition counsellors may encourage clients to only express emotion in a way that is consistent with stereotypes (Wester et al., 2002). When men and women are put into different groups in this way, it may be difficult for counsellors to see the differences between people within each group. Male clients may not receive encouragement and support to express their emotions and emotions expressed by female clients may be repressed or seen as less valid because it is perceived that they are 'just being emotional'.

### **Conclusions**

Research has shown that gender stereotypes about emotion exist and these appear to impact upon what emotions others are perceived to be expressing. However, only small and inconsistent gender differences in emotional experience have been found. Women are expected to experience and express emotions more than men,

particularly sadness and fear whilst men are expected to experience and express more anger. Mental health professionals were found to hold gender stereotypes about their clients which were not confirmed by the clients reported experiences. Gender stereotypes may impact upon the diagnosis of mental disorders as these are linked to emotions. Where psychological therapists hold gender stereotypes about emotions clients may express emotions in a way that conforms to these stereotypes.

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Gendered Differences in Perceived Emotion:  
The Impact on Clinical Diagnoses and Treatment

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### **Abstract**

Diagnoses of psychological disorders are clearly gendered. In order to investigate whether gender stereotypes about emotions can help explain this differential diagnosis, the present study investigates the way in which psychological therapists perceive emotions in male and female clients and whether this impacts on their diagnosis and proposed interventions. Previous research has shown that women are believed to express more fear and sadness, and men more anger, despite actual gender differences being inconsistent. It was hypothesised that therapists would be more likely to see a female client as expressing fear and sadness and meeting diagnostic criteria for mood and anxiety disorders. In contrast, it was hypothesised that therapists would be more likely to see a male client as expressing anger, experiencing difficulties managing anger and needing an anger management intervention. Therapists ( $n = 163$ ) completed an online questionnaire where they read a fictitious scenario about a male or female client, answering questions about client emotions, and possible diagnoses and interventions. Results revealed that, compared to the female client, the male client was seen as expressing more positive emotion, greater difficulties managing anger and as more likely to require anger management treatment. Findings indicate that the therapists perceived the same levels of sadness, fear, and anger in the male and female client however the same levels of anger were seen as more problematic in the male client requiring intervention.

*Keywords:* emotions, gender, gender stereotypes, psychological therapy

### Gendered Differences in Perceived Emotion:

#### The Impact on Clinical Diagnoses and Treatment

The prevalence rates for some mental health problems varies according to gender, with a diagnosis of anxiety or depression more common in women (King et al., 2008) whilst men are more likely receive a diagnosis of substance use disorder (World Health Organisation, 2002). Evidence does suggest that women are more at risk of developing depression due to biological, psychological and social factors and men appear to be less likely to recognise and seek help for mental health problems (World Health Organisation, 2002). These factors may partly explain differences in prevalence rates however it appears that gender also affects the process of diagnosis. Doctors are more likely to diagnose women with depression than men, even when the presenting symptoms are the same (Afifi, 2007). In addition, mental health professionals, including psychologists, are more likely to give a man a diagnosis of personality disorder than a woman (Muroff, Jackson, Mowbray, & Himle, 2007).

One factor that may help explain these differential diagnoses is the existence of stereotypes about gender and emotion. There is evidence of strong gender stereotypes about emotions, with women expected to express more sadness and fear (e.g. Durik et al., 2006) and some studies demonstrating that men are expected to express more anger (e.g. Plant, Hyde, Keltner, & Devine, 2000). It appears that mental health professionals hold similar gender stereotypes about emotions which do not match the emotional experiences reported by their clients (Vogel, Wester, Heesacker, Boysen, & Seeman, 2006).

Expectations about the gendered nature of emotions may result in mental health professionals perceiving different emotions according to the gender of a client. Different emotions are clearly linked with different types of mental health disorder

(American Psychiatric Association, 1994), and emotional experience forms an integral part of the psychotherapy process (Whitfield & Davidson, 2007). Therefore we argue that the identification of emotions will impact upon the diagnoses considered, the final diagnosis chosen and the process of psychotherapy.

### **Gender and Prevalence Rates for Mental Disorders**

Across Europe women are three times more likely to receive a diagnosis of depression or anxiety compared to men, whilst in the UK specifically they are twice as likely to receive a diagnosis of depression or anxiety (King et al., 2008). Men are more likely to receive a diagnosis of substance use disorder and to engage in anti-social behaviour compared to women (World Health Organisation, 2002). Boys are more likely than girls to be diagnosed with conduct disorders and male adolescents are more likely to experience problems managing anger, whilst adolescent females are more likely to receive a diagnosis of depression. Gender may impact upon what stressors an individual is exposed to, which will influence how mental health difficulties are triggered and expressed (Johnson & Stewart, 2010). Gender will also determine whether an individual seeks help and what type of help and support is offered.

Women appear to be at increased risk of experiencing depression due to biological factors (e.g. hormone changes), psychological factors (e.g. low self-esteem, marital disharmony, and higher levels of rumination and chronic strain) and social factors (e.g. lack of social support, less power, and higher levels of trauma and victimisation; Nolen-Hoeksema, 2001; Nolen-Hoeksema, Larson, & Grayson, 1999; World Health Organisation, 2002). Men appear less likely to recognise they are experiencing mental health problems, more likely to use alcohol as a coping strategy and less likely to seek help (World Health Organisation, 2002). In addition it appears

that men are less likely than women to disclose symptoms of depression if they believe this will be followed up (Sigmon et al., 2005).

However, these differential diagnoses might also be affected by the diagnosis process itself. Even when the presenting symptoms were the same, doctors, including psychiatrists were more likely to give women a diagnosis of depression or mood disorder compared to men (Afifi, 2007; Loring & Powell, 1988). What is not clear is *how* gender impacts upon the process of diagnosis. We know that different emotions are clearly linked to different diagnostic categories (American Psychiatric Society, 1994) so the perception of the emotions being expressed by the client is likely to impact upon the diagnoses considered. If gender stereotypes about emotions are held they may impact upon the interpretation of what emotions the client is perceived to be expressing, which may then impact upon the diagnosis chosen.

### **Gender Stereotypes about Emotion**

Stereotypes enable people to understand situations whilst minimising the work needed to do this (McGarty, Yzerbyt, & Spears, 2002). Research has shown that gender stereotypes about emotion exist and these stereotypes do not always match actual emotional experiences (Wester, Vogel, Pressly, & Heesacker, 2002). Generally women are expected to experience and express more emotions than men (Niedenthal, Krauth-Gruber, & Ric, 2006). In terms of specific emotions, relative to men, women are expected to experience some emotions such as fear and sadness more frequently (Plant et al., 2000) and more intensely (Grossman & Wood, 1993). Women are also expected to express fear and sadness (Durik et al., 2006; Hess, Adams, & Kleck, 2005; Hess et al., 2000) as well as positive emotion (Stoppard & Grunchy, 1993), happiness and surprise more than men (Hess et al., 2005).



Stereotypes about anger appear to be less consistent. In one study men were expected to experience anger more frequently than women (Plant et al., 2000) whilst another found no gender differences in expected frequency of experiencing anger (Durik et al., 2006). Men are expected to experience anger more intensely (Grossman & Wood, 1993) and to express anger, as well as contempt and disgust more often than women (Hess et al., 2005). These gender stereotypes about emotion appear to develop at a young age with even young children holding similar stereotypes about emotions (Birnbaum, 1983; Birnbaum & Croll, 1984; Birnbaum, Nosanchuk, & Croll, 1980). In addition to these stereotypes men are also expected to express more happiness to events eliciting negative emotion (Hess et al., 2000) and to have more emotional self-control than women (Fabes & Martin, 1991).

However the social context appears to impact upon some gender stereotypes about emotion. Compared to women, men were expected to overreact more to events eliciting anger in achievement and interpersonal contexts (Kelly & Hutson-Comeaux, 1999) however they were only expected to overreact more to happy and sad events in an achievement context. In an interpersonal context the opposite was found with women expected to overreact more than men to happy and sad events, suggesting stereotypes about happy and sad events alter according to context. The stereotypes held about gender and emotion will impact upon how emotions are expressed and then judged by others (Brody, 1997).

### **Social Role Theory**

Gender stereotypes about emotion can be explained by social role theory, suggesting that men and women are seen as occupying different social roles (Spence & Helmreich, 1978). This theory explains that women are seen as occupying a childcare role whilst financial provision is seen as a male role. Associated with these

roles men are believed to be more agentic (competitive) and women to be more communal (concerned with others). Gender stereotypes about emotion arise from these different social roles with certain emotions more consistent with communal aims (e.g. fear) and others with agentic aims (e.g. anger). Emotional expression appears to link to the gender role an individual identifies with, those who identified with a masculine gender role reported expressing more anger (Kopper & Epperson, 1991) whilst those with a feminine gender role type reported higher fear (Dillon, Wolf, & Katz, 1985)

### **Gender and Emotions**

Given the preponderance of gendered stereotypes about emotions, what effect might these stereotypes have on our perceptions of men and women? Several studies have shown gender differences in perceptions of emotions, particularly when expressions are somewhat ambiguous. In contrast to this, findings regarding actual gender differences in emotional experience are small and inconsistent, with different methodologies revealing different findings.

**Perceived gender differences.** Research has shown that the perception of emotions from facial expressions alters according to the gender of the expresser. Female faces were rated as showing more fear than male faces whilst angry male faces were rated as more angry than angry female faces (Algoe, Buswell, & DeLamater, 2000). Faces portraying ambiguous sadness/anger were rated as displaying more sadness and more emotion generally when female compared to male (Plant, Kling, & Smith, 2004). Male faces were sometimes rated as expressing more anger than female faces (Plant et al., 2004) but another study found no difference in intensity ratings for anger according to the gender of the expresser (Biele & Grabowska, 2006). When asked to imagine an angry face, this was more likely to be

male than female and participants were more likely to incorrectly label a neutral face as angry if it was male rather than female (Becker, Kenrick, Neuberg, Blackwell, & Smith, 2007).

When watching a video of an infant, adult participants were more likely to perceive the response as angry if they believed the infant was a boy or fearful if they believed it was a girl but only when the response was ambiguous (Condry & Condry, 1976). Children were more likely to perceive a male character in a scenario as angry and a female character as sad (Parmley & Cunningham, 2008) or afraid (Widen & Russell, 2002) where the emotional response was ambiguous. In terms of perceiving the emotional intelligence of others, both male and female participants rated their mothers as higher in emotional intelligence than their fathers (Petrides, Furnham, & Martin, 2004).

Findings regarding the impact of perceiver gender have been inconsistent. Some studies have found an impact of perceiver gender (Fabes & Martin, 1991; Grossman & Wood, 1993; Johnson & Shulman, 1988; Parmley & Cunningham, 2008; Widen & Russell, 2002) whilst other studies have not (Barrett & Bliss-Moreau, 2009; Biele & Grabowska, 2006; Condry & Condry, 1976; Plant et al., 2004; Robinson & Johnson, 1997). Where differences have been found these have differed across studies, without replication.

**Actual gender differences.** These perceived gender differences described above can be compared to what is reported about actual emotional experience. The actual gender differences in emotion differ according to methodology and which aspect of emotion is being measured (LaFrance & Banaji, 1992). Overall the gender differences in emotion that have been found are small and inconsistent, (Wester et al., 2002) particularly when made online (at the time) but appear more pronounced when

reported globally and retrospectively (Barrett, Robin, Pietromonaco, & Eysell, 1998). Robinson and Clore (2002) suggest that the differences between online and retrospective reports of emotions can be explained by an accessibility model. When reporting online emotions, people utilise experiential knowledge which they are unable to access when reporting on emotions retrospectively. Instead they utilise beliefs about their emotions relating to their identity and specific situations, including gender stereotypes about emotion.

Men and women have reported experiencing the same frequency of emotions overall, although men reported experiencing more positive emotions and women more negative emotions (Simon & Nath, 2004). Comparing experience and expression, reports of emotional experience whilst watching a film did not differ according to gender but women were more expressive of their emotions than men (Kring & Gordon, 1998). When recording their emotional experiences online the types of emotion experienced did not differ according to gender (Barrett et al., 1998). In contrast to this, when reporting retrospectively women report more frequent experiences of sadness and fear (Brebner, 2003; Grossman & Wood, 1993), as well as expressing these emotions more than men (Grossman & Wood, 1993). In children as young as four girls expressed more positive emotions (Garner, Robertson, & Smith, 1997) and more sadness and anxiety than boys (Chaplin, Cole, & Zahn-Waxler, 2005). Women have also reported experiencing emotions more intensely than men (Levenson, Carstenson, Friesen, & Ekman, 1991) particularly with regards to sadness and fear (Brebner, 2003; Fischer, Rodriguez Mosquera, Vainen, & Manstead, 2004; Grossman & Wood, 1993).

When reporting retrospectively about anger, findings are inconsistent. Intensity (Fischer et al., 2004) and frequency (Barrett et al., 1998; Grossman & Wood,

1993; Hamden Mansour, Dardas, Nawafleh, & Abu-Asba, 2012) have not tended to differ according to gender. However, on some occasions women have reported experiencing anger more frequently (Brebner, 2003) and more intensely (Chentsova-Dutton & Tsai, 2007) than men. In terms of expression boys reported physically expressing anger more than girls (Buntaine & Costenbader, 1997).

When looking at emotional intelligence some studies have shown that women give higher self-ratings than men (Mandell & Pherwani, 2003; Petrides et al., 2004). Women also scored higher than men on an emotional intelligence test, although in this study they did not give themselves higher self-ratings (Brackett & Mayer, 2003). Men gave themselves higher self-ratings for emotional self-control than women, whilst women gave themselves higher self-ratings for managing emotions than men (Siegling, Saklofske, Vesely, & Nordstokke, 2012). However men only gave themselves higher self-ratings than women for control of fear and surprise and had lower self-ratings for control of anger, contempt and disgust (Matsumoto, Takeuchi, Andayani, Kouznetsova, & Krupp, 1998).

Social context also plays a role in emotional experience and expression. In a workplace setting women reported experiencing and expressing more happiness than men whilst men reported expressing their anger more than women (Sloan, 2010). Both self-report and observation demonstrated no gender differences in emotional expression of depression, anxiety, anger and fear in an interpersonal (dating) context or when receiving psychological therapy (Vogel et al., 2006). However women reported expressing their anger more than men in relationships with traditional gender roles but not in more egalitarian relationships (Fischer & Evers, 2011).

## **Gender, Emotions and Psychotherapy**

The research that has been detailed illustrates the impact of gender stereotypes upon the perception of emotions in men and women. It is likely that these stereotypes also play a role in the process of mental health diagnosis and treatment. Judgements made by clinical psychologists, as well as other clinicians, about the healthiness of emotional experience and expression for clients, were in line with any gender stereotypes they held (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1970). Looking at specific emotions, mental health trainees rated women as expressing several emotions (including depression and fear) more frequently in the context of a dating relationship and therapy (Vogel et al., 2006). These judgements overestimated the actual gender differences in emotion as evidenced by client self-report and observations of clients 50-67% of the time. Those who were training to be counsellors viewed being emotional as a typically female trait and being stoic and aggressive as typically male traits (Trepal, Wester, & Shuler, 2008).

The links between emotions and diagnosis have been discussed however emotions also play an important part of the content and process of psychotherapy. Two common characteristics of psychotherapy regardless of model refer directly to emotions, whilst the three most commonly used psychotherapeutic models in the UK all refer directly to feelings (Whitfield & Davidson, 2007). With regards to process, the relationship with the therapist should be *emotionally* charged and *emotional* arousal should be facilitated in the person accessing therapy. In terms of content, cognitive-behavioural therapy (CBT) involves talking about *feelings* (Royal College of Psychiatrists, 2005), psychodynamic therapy involves exploring how the past impacts on current *feelings*, and counselling offers a space for the person to express *feelings* (Whitfield & Davidson, 2007).

Expressing emotions consistent with gender stereotypes can result in higher status (Brescoll & Uhlmann, 2008) but can also be viewed as less appropriate and sincere than expressing emotions inconsistent with gender stereotypes (Hutson-Comeaux & Kelly, 2002). Gender stereotypes regarding emotions and mental health can result in people only seeking help for problems consistent with gender stereotypes and can increase social stigma where individuals are experiencing problems inconsistent with gender stereotypes (Afifi, 2007). Where therapists hold gender stereotypes about emotions this may result in them making biased judgements about their clients based on these stereotypes (Heesacker et al., 1999). They may also act in a way that reinforces gender stereotypes rather than challenging them, expecting clients to conform to the stereotypes that they hold (Wester et al., 2002).

### **Summary**

The gender differences in actual emotional experience that have been shown are small and inconsistent. However research indicates that gender stereotypes about emotion are held and these impact upon the perception of others emotional expression. Women are expected to be more emotional than men, to experience and express emotions more, particularly sadness and fear, whilst men are expected to express more anger. Similar gender stereotypes about emotions are held by those working in a mental health setting, and these stereotypes are not confirmed by the actual experiences of clients. Holding these stereotypes appears to impact upon the process of diagnosis and within therapy may encourage clients to only express emotions in a way that is consistent with gender stereotypes.

### **Current Study**

The current study investigated the way in which psychological therapists perceive emotions in male and female clients and whether the gender of the client

impacts on the selection of a diagnosis and determining an intervention. It aimed to investigate the role of client gender in determining the extent to which psychological therapists perceive specific emotions (fear, anger, and sadness) to be expressed by a client in an ambiguous vignette and to what extent they perceive the client to be experiencing difficulties managing these emotions. Secondly to determine to what extent they would perceive the client as meeting criteria for specific disorders (anxiety, mood, psychotic, personality) and to what extent they would recommend an intervention focusing on managing anxiety, anger and sadness. The final aim was to investigate whether therapist gender moderated these effects.

We hypothesised that:

- 1) Therapists will rate a female client as expressing higher levels of fear and sadness (H1a) and a male client as expressing higher levels of anger (H1b)
- 2) Therapists will rate a male client as more likely to be experiencing difficulties managing anger (H2)
- 3) Therapists will rate a female client as more likely to meet diagnostic criteria for mood and anxiety disorders (H3)
- 4) Therapists will rate a male client as more likely to receive an anger management based approach (H4)

No specific hypotheses were made about effects of therapist gender as previous findings have been inconsistent.

## **Method**

### **Participants and Design**

Two hundred and fifty eight therapists participated in the study, 95 either did not complete the study or had missing data leaving a final sample of 163 participants. Participants consisted of 126 trainee clinical psychologists, 15 qualified clinical



psychologists, 18 trainee improving access to psychological therapy (IAPT) workers and four qualified IAPT workers (123 women, 40 men). All participants were currently employed by the NHS in England and/or enrolled on training programmes at English universities. Demographic information for participants is provided in Table 1. Ethical approval for the study was granted by the University of Exeter (Appendix A.1)

Table 1  
*Participant Characteristics as a Percentage of the Sample*

	Male Client ( <i>n</i> = 76)	Female Client ( <i>n</i> = 87)
Participant Gender		
Female	79	72
Male	21	28
Age Range (years)		
<30	68	66
30-39	22	28
40-49	4	3
50-59	5	3
Role		
Trainee Clinical Psychologist	74	79
Qualified Clinical Psychologist	9	9
Trainee IAPT Worker	13	9
Qualified IAPT Worker	3	2
Years of experience		
<5	59	68
5-9	30	25
10-19	8	3
>19	3	3

Participants read a scenario about a fictitious client, where the gender of the client was manipulated. Thus, the study had a 2 (client gender: male, female) X 2 (participant gender: male, female) between-participants design. Participants were randomly allocated to one of two groups, female client (*n* = 87) or male client (*n* = 76). There were no significant differences found between the two groups in terms of age, years of experience, current role, or gender.

## **Participant Recruitment**

Potential participants included trainee clinical psychologists currently training at 26 English universities and trainee IAPT workers currently training at 16 English universities. They also included qualified clinical psychologists and IAPT workers currently employed by 10 mental health NHS trusts in the UK. Administrators at universities that ran doctorate in clinical psychology courses and/or IAPT courses were asked to forward an email with an information sheet (Appendix A.2) to trainee clinical psychologists and/or trainee IAPT workers. Lead psychologists for 10 mental health NHS trusts were contacted and asked to forward an email with information sheet to clinical psychologists and IAPT workers in their trust. All potential participants were sent an information sheet via email which included a link to the questionnaire (Appendix A.3) which was completed online. An online questionnaire was chosen to increase confidentiality and minimise the time commitment required by participants.

## **Procedure**

When participants clicked on the online link they were randomly allocated to one of two questionnaires that described either a male or female client. Once participants read a description of the procedure and indicated their consent they reported their demographic information (gender, date of birth, current job role, therapeutic orientation, and years of experience). Participants then read a scenario, in the form of a transcript of a therapy session between a therapist and client. Background information on the client and their reason for seeking therapy was provided.

Participants allocated to the male client group read a scenario about a male client, who was referred to as David with male pronouns used where appropriate. The

participants allocated to the female client group read an identical scenario except for the gender of the client, who was instead referred to as Debbie, with female pronouns used. In the scenario the client was discussing with the therapist a recent incident at work that had caused them distress. The emotions expressed by the client in the scenario were purposefully ambiguous, for example, "... I was so tired... I was tossing and turning all night... thoughts running through my head... then when I got to work I found it difficult to keep my emotions under control! Sometimes I feel like I won't be able to contain myself, it's just so intense what I'm feeling right now."

Participants were then asked to rate the extent to which they believed the client was expressing twenty seven different emotions taken from the Positive and Negative Affect Schedule - Expanded Form (Watson & Clark, 1994), grouped as sadness (e.g., sad, alone), anger (e.g., hostile, scornful), fear (e.g., afraid, shaky), and positive (e.g., alert, proud). The sadness scale consisted of five items ( $\alpha = .85$ ), the anger scale ( $\alpha = .81$ ) and fear scale ( $\alpha = .88$ ) each consisted of six items, whilst the positive scale consisted of ten items ( $\alpha = .79$ ). Participants were then asked to rate the client on control of emotional expression. Participants were asked to rate the likelihood of the client experiencing difficulties managing certain emotions (anxiety, anger, sadness). They were also asked to rate the likelihood that the client would meet criteria for various disorders (mood disorder, anxiety disorder, psychotic disorder, personality disorder) and the likelihood they would use different approaches with the client (anger management, anxiety management, managing feelings of sadness). All ratings used a seven point scale from 1 "not at all" to 7 "very much so". On completion of the study participants were presented with a debrief page.

## Statistical Analysis

**ANOVA.** A 2 X 2 analysis of variance was used to examine potential main effects and interactions for client gender (male, female) and participant gender (male, female) for emotion expressed (positive, fear, sadness, anger), control, understanding difficulties (anxiety, sadness, anger), diagnosis (anxiety, mood, personality disorder) and intervention (anger, sadness, anxiety management). Demographic data (participant age, years of experience, current role and therapeutic orientation) were used as control variables. To detect a medium effect size the power analysis suggested a minimum sample size of 128.

## Results

Means and standard deviations for all dependent variables by client and participant gender were calculated and these are shown in Table 2.

Table 2  
*Means and Standard Deviations for all Dependent Variables by Client and Participant Gender*

Dependent Variable	Male Participant				Female Participant			
	Male Client		Female Client		Male Client		Female Client	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Positive	2.06	0.49	1.71	0.52	2.06	0.78	1.85	0.62
Fear	4.08	1.21	3.58	1.33	3.57	1.25	3.31	1.33
Sadness	3.96	1.23	3.84	1.55	3.84	1.15	3.35	1.15
Anger	3.31	0.90	3.31	1.04	3.12	0.88	2.84	1.12
Control	2.69	1.30	3.58	0.97	3.35	1.06	3.24	1.19
Typicality	5.13	1.15	4.67	1.44	4.52	1.32	4.68	1.19
Difficulty Managing Anxiety	5.19	1.33	4.88	1.42	4.92	1.38	4.84	1.45
Difficulty Managing Anger	4.87	1.54	3.83	1.37	3.97	1.53	3.51	1.65
Difficulty managing Sadness	4.00	1.21	4.17	1.63	4.10	1.43	3.73	1.48
Anxiety Disorder	4.06	1.44	3.71	1.83	3.82	1.60	3.62	1.65
Psychotic Disorder	1.06	0.25	1.17	0.38	1.13	0.39	1.05	0.22
Personality Disorder	1.44	0.96	1.71	1.20	1.63	1.03	1.56	0.98
Mood Disorder	3.50	1.67	3.46	1.79	3.52	1.44	2.83	1.63
Anxiety Management	4.94	1.81	4.88	1.54	4.87	1.42	5.08	1.41
Anger Management	3.81	1.87	3.04	1.55	3.60	1.59	3.02	1.60
Sadness Management	3.50	1.63	4.54	1.38	4.12	1.46	3.79	1.64

## ANOVA

A series of 2 X 2 analysis of variance was used to examine the effect of client and participant gender on perceived emotional expression, control, typicality, understanding client difficulties, diagnosis and intervention.

**Emotions.** The initial ANOVA revealed that the male client was seen as having significantly higher levels of positive emotion ( $M = 2.06$ ) compared to the female client ( $M = 1.81$ ),  $F(1, 155) = 4.06, p = .046$ . They were also seen as having less control ( $M = 3.21$ ) over their emotions generally compared to the female client ( $M = 3.33$ ),  $F(1, 155) = 3.92, p = .049$ . There was an interaction between client and participant gender for control in that participants rated clients of the same gender as themselves as having less control over their emotions compared to clients of a different gender. Male participants viewed the male client ( $M = 2.69$ ) as having less control over their emotions compared to the female client ( $M = 3.58$ ) whilst female participants viewed the male client as having more control over his emotions ( $M = 3.35$ ) compared to the female client ( $M = 3.24$ ),  $F(1, 155) = 6.09, p = .02$ . There were no significant differences in client gender for sadness,  $F(1, 155) = 1.24, p = .27$ , fear,  $F(1, 155) = 1.83, p = .18$ , anger,  $F < 1$ , or typicality of emotional expression,  $F < 1$ . There were no significant differences in participant gender for positive emotion,  $F < 1$ , fear,  $F(1, 155) = 1.37, p = .24$ , sadness,  $F(1, 155) = 1.08, p = .30$ , anger,  $F(1, 155) = 3.13, p = .08$ , emotional control,  $F < 1$ , or typicality of emotional response,  $F(1, 155) = 1.61, p = .21$ . There were no significant interactions between client and participant gender for positive emotion,  $F < 1$ , fear,  $F < 1$ , sadness,  $F(1, 155) = 1.15, p = .29$ , anger,  $F < 1$ , or typicality of emotional response,  $F(1, 155) = 1.56, p = .21$ .

**Formulation.** When it came to examining client difficulties, ANOVA revealed that the male client was seen to be experiencing greater difficulties managing his anger ( $M = 4.16$ ), compared to the female client ( $M = 3.60$ ),  $F(1, 155) = 5.02, p = .03$ . There were no significant differences in client gender for difficulty managing sadness,  $F < 1$ , or difficulty managing anxiety,  $F < 1$ . There were no significant differences in participant gender for difficulty managing anxiety,  $F < 1$ , difficulty managing anger,  $F(1, 155) = 2.67, p = .11$ , or difficulty managing sadness,  $F < 1$ . There were no significant interactions between client and participant gender for difficulty managing anxiety,  $F < 1$ , difficulty managing anger,  $F < 1$ , or difficulty managing sadness,  $F(1, 155) = 1.28, p = .26$ .

**Diagnosis.** There were no significant differences in client gender for anxiety disorder,  $F < 1$ , mood disorder,  $F(1, 155) = 1.54, p = .22$ , psychotic disorder,  $F < 1$ , or personality disorder,  $F < 1$ . There were no significant differences in participant gender for anxiety disorder,  $F < 1$ , psychotic disorder,  $F < 1$ , personality disorder,  $F < 1$ , or mood disorder,  $F(1, 155) = 1.17, p = .28$ . There were no significant interactions between client and participant gender for anxiety disorder,  $F < 1$ , psychotic disorder,  $F(1, 155) = 1.97, p = .16$ , personality disorder,  $F < 1$ , or mood disorder  $F(1, 155) = 1.29, p = .26$ .

**Interventions.** Participants were more likely to recommend an anger management approach for the male client ( $M = 3.64$ ) than the female client ( $M = 3.02$ ),  $F(1, 155) = 4.63, p = .03$ . For sadness management there was a significant interaction between client and participant gender such that female participants were more likely to recommend using a sadness management approach for the male client ( $M = 4.12$ ) compared to the female client ( $M = 3.79$ ) whilst male participants were more likely to recommend this approach for the female client ( $M = 4.54$ ) compared to

the male client ( $M = 3.50$ ),  $F(1, 155) = 4.88$ ,  $p = .03$ . There were no significant differences in client gender for sadness management,  $F(1, 155) = 1.00$ ,  $p = .32$ , or anxiety management,  $F < 1$ . There were no significant differences in participant gender for anxiety management,  $F < 1$ , anger management,  $F < 1$ , or sadness management,  $F < 1$ . There were no significant interactions between client and participant gender for anxiety management,  $F < 1$ , or anger management,  $F < 1$ .

## **Discussion**

### **Summary of Findings**

The fate of each of the hypothesis will be examined separately as support for the hypotheses was mixed.

**Gender and Emotions (H1).** In contrast to predictions, in the current study the analysis of variance revealed no significant gender differences in the ratings for sadness, fear, and anger. Thus Hypothesis 1a which predicted that the female client would be given higher ratings for sadness and fear and Hypothesis 1b which predicted that the male client would be given higher ratings for anger were disconfirmed. No specific predictions were made regarding positive emotion however the male client was given higher ratings for positive emotion than the female client. This contradicts previous findings where a response was rated as more fearful (Condry & Condry, 1976) or sad when the expresser was believed to be female (Parmley & Cunningham, 2008; Widen & Russell, 2002) and more angry when the expresser was believed to be male (Condry & Condry, 1976; Parmley & Cunningham, 2008).

The male client was seen as having less control over his emotions, although clients of the opposite gender to the participant were seen as having more control than clients of the same gender as the participant. Previous findings have indicated that

women are believed to express most emotions more than men (e.g. Fabes & Martin, 1991) including within the context of receiving psychological therapy (Vogel et al., 2006) and that they are believed to have less control of their emotions (Fabes & Martin, 1991). The current finding contradicts previous research and may indicate that although men are generally expected to have more emotional control than women, this is not the case for men receiving psychological therapy.

**Gender and Formulation (H2).** The male client was rated as having more difficulties managing his feelings of anger confirming Hypothesis 2, despite not being rated as expressing higher levels of anger. Ratings for difficulty managing anxiety and sadness did not differ according to the gender of the client.

As women are stereotypically expected to experience and express emotions more than men (Niedenthal et al., 2006) the level of emotional expression seen as typical may be higher for a woman and lower for a man. The perception that the emotional expressiveness of the male client was out of line with gender stereotypes along with the perception that the male client had less control of their emotions may have led participants to think they were having difficulties managing emotions. Anger may have been pinpointed specifically as it is more likely to be associated with males than female (e.g. Becker et al., 2007) and men are expected to overreact more to anger inducing events than women (Kelly & Hutson-Comeaux, 1999).

**Gender and Diagnosis (H3).** In terms of diagnosis no differences were found between the ratings for the male and female client for any of the four types of mental disorder, disconfirming Hypothesis 3 which predicted that the female client would receive higher ratings for mood and anxiety disorder. This



does not support previous findings that when presenting with the same symptoms, women are more likely to be diagnosed with depression (Afifi, 2007; Loring & Powell, 1988; Muroff et al., 2007) and that men are more likely to be given a diagnosis of personality disorder (Muroff et al., 2007).

**Gender and Interventions (H4).** The male client was seen to be more likely to need an anger management approach compared to the female client confirming Hypothesis 4. Ratings for sadness and anxiety management did not differ according to the gender of the client.

**Impact of Perceiver Gender.** Previous research investigating the role of participant gender has resulted in inconsistent findings with some studies finding an impact of perceiver gender (e.g. Parmley & Cunningham, 2008) whilst others did not (e.g. Barrett & Bliss-Moreau, 2009). In this study no main effects of participant gender were found although some interesting interactions between participant gender and client gender were found. Participants viewed clients of the opposite gender to themselves as having more control over their emotions and as being more likely to require an intervention focused on managing sadness compared to clients of the same gender.

These interactions may be explained by responses to in-group and out-group deviance where people have been found to react more strongly to norm deviance from individuals within their group compared to out groups (Abrams, Marques, Bown, & Henson, 2000). Perhaps participants in this study were less understanding of norm deviance in clients of the same gender (in-group) compared to clients of a different gender (out-group).

### **Theoretical Implications**

In terms of gender stereotypes about emotion, this research does not confirm previous findings that sadness and fear are more commonly associated with women and anger with men. Nor does it confirm previous findings that a female client with the same presentation as a male client will be more likely to be given a diagnosis of depression. However this is in line with findings that some stereotypes are context specific. Theoretically it appears that therapists may hold specific stereotypes with regards to their clients. Firstly that men accessing psychological therapy are less in control of their emotions than women, even when expressing the same levels of emotion. Secondly, that when male clients express the same emotions as female clients they are seen as having more difficulties managing their anger. This could be linked to fears that men will express anger in inappropriate ways as they are known to have more problems with aggressive behaviour as adolescents and anti-social behaviour as adults (World Health Organisation, 2002).

Gender stereotypes about emotion link with social role theory where women are seen as occupying a childcare role, as being more communal and expressing emotions consistent with this role whilst men are seen as financial providers who are more agentic and therefore express emotion differently to fit with their role (Spence & Helmreich, 1978). The scenario used in this research involved the client discussing a work based difficulty which may have lead participants to view both the male and female client as occupying a financial provision role. If gender stereotypes about emotions arise from the social roles when men and women are believed to occupy the same social role these stereotypes may not be activated. Previous research showed that no gender

differences in agency or communal were perceived when both genders were believed to hold a financial provision role (Eagly & Steffan, 1984).

### **Clinical Implications**

It appears that therapists may perceive the same levels of anger expression to be more problematic in a male client compared to a female client. This could lead to therapists focusing on experiences of anger with male clients potentially at the expense of other emotions. Male clients may receive the message that the therapist is only interested in their experiences of anger and be less likely to express other emotions, preventing them from widening their emotional expression. Additionally expressions of anger may be taken less seriously by therapists when expressed by a female client, potentially leading to this area of emotional experience being under explored.

Psychological therapists need to develop their awareness of the gender stereotypes about emotions they might hold. It may be helpful if programmes training psychological therapists included teaching regarding gender stereotypes and the impact they can have. Psychological therapists need to be particularly aware of the possibility they may be more likely to see a male client as experiencing difficulties managing anger and ensure that other emotions are also explored.

### **Limitations**

Due to the method of recruiting participants it is unknown exactly how many participants were invited to participate in the study and therefore the response rate is unknown. A significant proportion of participants (37%) either did not complete the questionnaire or had data missing resulting in their data being removed from the analysis. It is possible that the demographic

information requested may have led to fears they could be identified or the questionnaire may have proved too long for busy therapists who may have needed to prioritise their clinical work. Only 25% of participants were male despite additional recruitment aimed at male participants. This reflects the higher percentage of women in the job roles being recruited from.

Despite efforts to include participants from a range of job roles most of the participants were trainee clinical psychologists (77%) which limits the generalisability of the findings to therapists working in other roles or from different professional backgrounds. At the time of the research one of the researchers was a trainee clinical psychologist making this an easier participant group to access. In addition contacting qualified staff through the NHS proved problematic due to workload pressures and confusion surrounding recent changes in ethical procedure.

Information on the stereotypes held by participants regarding gender and emotions was not obtained so it would not be possible to ascertain whether any differences found are explained by stereotypes held by participants. After consideration the researchers considered that to collect additional information on stereotypes may make the questionnaire too long and result in a lowered response.

Only one scenario was used and this limits the generalisability of the findings as it is possible that they are specific to the scenario used. Ideally another scenario would have been used and had been prepared however the sample size was too small to use both scenarios. Clinical psychologists may have felt uncomfortable being asked to make decisions about diagnosis particularly on the basis on such limited information. Although some clinical

psychologists may utilise diagnosis in their clinical work many prefer to focus on formulation which provides a more individualised and less medical approach.

The current study did not take place within a clinical setting and used vignette methodology which does not allow us to say how people would react in an actual social situation (Hess et al., 2005). In clinical settings therapists may use other cues such as masculine and feminine traits and appearance when working with clients, which may activate stereotypes regarding gender and emotion. Therefore different results may be found in a clinical setting although it would be more difficult to control other variables in this setting.

### **Future Research**

Future research could replicate this study using additional variables such as ethnicity to see what impact this has on the variables investigated. Previous research has demonstrated the existence of stereotypes regarding ethnicity and emotion (Durik et al., 2006) and has demonstrated that diagnostic biases based on ethnicity are more consistent than those based on gender (Lopez, 1989). A scenario based in a different context could be explored, potentially a relationship context as women are believed to overreact more than men to happy and sad events in an interpersonal context (Kelly & Hutson-Comeaux, 1999). In addition the gender stereotypes about emotion that participants hold should be measured to provide evidence for the mechanism of any differences found. Future research should also take place within a clinical setting. This research could compare the perceptions that therapists hold about the emotional worlds of their clients with client reports about their actual emotional experience and expression.

## **Conclusions**

This study reiterates the importance of the context within which gender stereotypes are being investigated as some of the stereotypes that have been found in other contexts were not replicated in this setting. What was demonstrated was that even when male and female clients are perceived as expressing similar levels of sadness, fear and anger the male client is seen as having less control over his emotions and as more likely to require an intervention focusing on anger management. Psychological therapists need to ensure that they develop an awareness of any gender stereotypes they hold about emotions and challenge whether these reflect actual emotional experience. They need to encourage clients to speak about all aspects of their emotional experience, not only those which confirm to gender stereotypes.

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### A.1. Ethical Approval



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**To:** Jennifer Bunting  
**From:** Cris Burgess  
**CC:** Michelle Ryan  
**Re:** Application 2010/243 Ethics Committee  
**Date:** April 29, 2012

The School of Psychology Ethics Committee has now discussed your application, **2010/243** – *The Impact of client gender on psychological therapists perceptions of emotion and implications for diagnosis and intervention*. The project has been approved in principle for the duration of your study.

The agreement of the Committee is subject to your compliance with the British Psychological Society Code of Conduct and the University of Exeter procedures for data protection (<http://www.ex.ac.uk/admin/academic/datapro/>). In any correspondence with the Ethics Committee about this application, please quote the reference number above.

I wish you every success with your research.

A handwritten signature in black ink, appearing to read 'Cris Burgess', with a horizontal line underneath.

Cris Burgess  
Chair of Psychology Research Ethics Committee



## **A.2. Participant Information Sheet**

### **Identification of Emotions in Clients Engaged in Therapy Information Sheet for Participants Version 3.2 October 2011**

#### ***Introduction***

Trainee and qualified clinical psychologists and IAPT workers in the UK are being invited to participate in a study investigating how therapists identify emotions in clients. This information sheet provides some details about the research, why it is being carried out and how you can participate. Please read through this sheet before you decide on whether to participate.

#### ***The researchers***

The study is being carried out by ..., Trainee Clinical Psychologist, as part of a Doctoral qualification in Clinical Psychology undertaken at the University of Exeter. The study is supervised by ..., Associate Dean for Research in the College of Life and Environmental Sciences at the University of Exeter.

#### ***Aims of the study***

The identification of emotions is an important part of therapy regardless of therapeutic orientation. This study aims to investigate how clinicians identify emotions in clients with only minimal information in ambiguous situations. The study also aims to examine how diagnosis and intervention follow on from the identification of emotions.

#### ***Involvement***

Participants will need to fill out an online survey, the link to which is at the end of this information sheet. Questions will be asked about demographic information (age and gender) and therapeutic orientation. Participants will then read a scenario, following which they will be asked questions about emotions, diagnosis and interventions.

#### ***Taking part***

Trainee and qualified clinical psychologists and IAPT workers in the UK will be invited to participate. If you do not want to participate, you do not have to, and you are free to withdraw at any time. You will not be asked to identify the university you attend or the organisation that you work for.

#### ***Participation***

If you would like to participate, please follow the link to the online survey at the end of this document. You will need to fill out the online consent form, read a short scenario and then answer a series of questions. This should take no more than 30 minutes.

#### ***Confidentiality and anonymity***

I will not ask you for your name, the university you attend or the organisation you work for. The responses will be accessible to the researchers only.

#### ***Amazon vouchers***

All participants who complete the study before the 9<sup>th</sup> December 2011 can enter a draw to win an Amazon voucher. There will be one £50, two £20 and one £10 voucher available. At the end of the study you will be asked to enter your email address if you wish to enter the draw, this is voluntary. Your email address will be separated from your other responses and used only for the draw.

***Study implications***

This study will provide information on how clinicians identify emotion and how this affects diagnosis and intervention.

***Questions / concerns***

If you have any further questions about the research, please feel free to contact the researcher via email, details of which are below. In the unlikely event that participating in this research has caused you distress in some way, please do not hesitate to contact the researcher.

***Who has reviewed this study?***

The study has been reviewed and approved by the School of Psychology Ethics Committee at the University of Exeter, reference number 2010-243.

***Contact details of the researcher***

... @exeter.ac.uk

If you are interested in the findings of the study please let the researcher know via email. The findings will then be emailed May-July 2012.

***Thank you for taking time to read this information sheet.***

If you want to participate in the research please click on the link below or copy and paste it into your browser window.

<http://people.exeter.ac.uk/jb422/surveys/therapyemotion.php>

## Identification of Emotions in Clients Engaged in Therapy

Please answer the following three questions. Please note that if you answer NO to any of the questions on this page you will not complete the survey.

Yes No

Yes No

Yes No

Please note that if you have answered NO to any of the questions on this page when you click next you will exit the survey.

### **Demographic Information**

Please answer the following questions about yourself.

4. What gender are you?

Male

Female

5. Please enter your date of birth.

DOB:            DD/MM/YY  
                     /     /

6. What is your current job role?

Current role:

Trainee Clinical Psychologist

Qualified Clinical Psychologist

Trainee IAPT Worker

Qualified IAPT worker

7. What is your main therapeutic orientation?

Psychodynamic

Humanistic

Cognitive-behavioural

Behavioural

Systemic

Integrative

Other

8. If you chose other main therapeutic orientation, please state.

9. How many years clinical experience do you have?

Years of experience:

## Scenario

Please read the following scenario, which is an extract from a recent therapy session.

After reading it you will be asked to answer some questions about the emotions present, understanding **Debbie's/David's** difficulties and possible interventions. We realise information is minimal and somewhat ambiguous and we are interested in how therapists interpret emotions when limited information is available.

**Debbie/David** has been attending weekly therapy sessions for 2 months. **She/He** initially sought therapy because of the difficulties **she/he** was experiencing at work. Below is a section of the latest session where **she/he** talked about a specific incident that had caused **her/him** distress at work in the past week.

**Debbie/David:** well my boss had asked me to take on lots of extra work that's not normally part of my role

Therapist: how did you feel about being asked to complete something you don't normally do?

**Debbie/David:** it didn't seem that fair to me, I didn't want to do it really but I felt I had no choice

Therapist: so what happened?

**Debbie/David:** I did my best to do it but it was tricky and I had no idea what I was supposed to be doing!

Therapist: it sounds like you were a bit stuck at that point...?

**Debbie/David:** I knew that my boss would be expecting me to complete it so I just guessed at what I was supposed to do and gave it to my boss

Therapist: did your boss make any comments on the work you had done?

**Debbie/David:** yeah, they called me into their office and said that what I had done was not good enough; they lectured me about it for 15 minutes! The rest of the day was completely unproductive as I was just thinking about what they had said.

Therapist: how did you feel going in to work the next day?

**Debbie/David:** well I was so tired...I was tossing and turning all night...thoughts running through my head...then when I got to work I found it difficult to keep my emotions under control! Sometimes I feel like I won't be able to contain myself, it's just so intense what I'm feeling right now.

### **Expression of Emotions**

Now you have read the scenario of part of **Debbie's/David's** latest session with **her/his** therapist we would like you to answer some questions regarding the emotions you think were being expressed by **Debbie/David**. We realise information is minimal and somewhat ambiguous and we are interested in how therapists interpret emotions when limited information is available.

10. This question has been removed by the author of this thesis for copyright reasons

12. Please state any emotions that you thought were expressed by **Debbie/David** that were not mentioned above.

13. Please answer the following questions about **Debbie/David's** emotions

Not at all	A little bit	Somewhat	Moderate amount	Quite a bit	A lot	Very much so
------------	--------------	----------	--------------------	-------------	-------	-----------------

How in control of  
**her/his** emotions do you  
think **Debbie/David** is?

How typical is  
**Debbie's/David's**  
emotional reaction?



### Understanding Difficulties and Diagnosis

Now we would like you to answer some questions about understanding **Debbie's/David's** difficulties and diagnosis. We realise you have minimal information and in a clinical setting you would not make decisions about diagnosis without more information; however we are interested in therapists impressions after limited information.

14. How likely do you think it is that **Debbie/David** is experiencing difficulties managing **her/his** experiences of the following emotions?

	Not at all	A little bit	Somewhat	Moderate amount	Quite a bit	A lot	Very much so
Anxiety							
Anger							
Sadness							

15. Please state any other emotions not mentioned above that you think **Debbie/David** is finding difficult to manage.

16. How likely do you think it is that **Debbie/David** would meet diagnostic criteria for the following?

	Not at all	A little bit	Somewhat	Moderate amount	Quite a bit	A lot	Very much so
An anxiety disorder							
A psychotic disorder							
A personality disorder							
A mood disorder							

17. Please state any diagnosis you would consider that is not mentioned above.

### **Intervention**

Now we would like you to answer some questions about interventions or treatment for

**Debbie/David.** We realise you have minimal information and in a clinical setting you would not make decisions about treatment without more information; however we are interested in therapist's impressions after limited information.

18. How likely is it that you would use the following approaches to work with

**Debbie/David?**

Not at all    A little bit    Somewhat    Moderately    Quite a bit    A lot    Very  
much so

Systemic

Cognitive-behavioural

Behavioural

Humanistic

Psychodynamic

Integrative

19. Please state any approach that you would consider that was not mentioned above.

20. How likely is it that you would focus on;

Not at all    A little bit    Somewhat    Moderately    Quite a bit    A lot    Very  
much so

Anxiety management

Anger management

Managing feelings of sadness

## **Debrief**

Thank you for participating in this research. All participants received the same scenario but for some the client was female and for others the client was male.

## **Background**

Talking about emotions is an important part of therapy and the interpretation of these emotions has the potential to impact upon assessment, formulation, diagnosis and intervention. However, the identification of emotions is a subjective process that can be affected by our expectations and stereotypes, particularly those about gender.

Previous research has suggested that in ambiguous emotion situations boys and men are more likely to be seen as angry and girls and women as sad or fearful. Moreover, women are seen as generally more emotional and are more likely to have their emotions internally attributed whereas a man's emotions are more likely to be externally attributed. In contrast studies measuring actual gender differences in emotion by measuring verbal and non-verbal expression, subjective reports and physiological responses have found only small or inconsistent differences. Research has also suggested that mental health trainees overestimated gender differences in emotional expressiveness 50-67% of the time. Gender stereotypes regarding emotion can be utilised to explain the differences between actual and perceived differences

## **Aims**

The aim of the study was to investigate the role of gender in determining the extent to which participants perceived specific emotions (fear, anger and sadness) to be expressed by the client in the scenario and how the perception of different emotions

affected the diagnosis and intervention suggested.

### Hypotheses

It was hypothesised that participants would rate the female client as expressing higher levels of fear and sadness and the male client as expressing higher levels of anger.

The second hypothesis was that participants would rate the female client as more likely than the male client to meet diagnostic criteria for mood disorders and anxiety disorders and to receive a CBT approach.

If you have any further questions about the research, please feel free to contact the researcher via email, details of which are below. If you would like to receive a summary of the results of this research please email the researcher. In the unlikely event that participating in this research has caused you distress in some way, please do not hesitate to contact the researcher.

### Contact details of the researcher

Name: ...

Email: [...@exeter.ac.uk](mailto:...@exeter.ac.uk)

21. If you have completed this survey on or before the 9th December 2011 and would like to be entered into a draw to win an amazon voucher please enter your email address here.

## **Appendix B Explanation of Original Hypothesis not addressed**

One of the original hypotheses was not addressed in the main paper due to word limits and clarity of findings regarding publication, the fate of this hypothesis will not be addressed. Hypothesis 5: Therapists will rate a female client as more likely to require a cognitive-behavioural therapy (CBT) approach. An ANOVA revealed no significant differences for any of the six approaches (CBT, psychodynamic, integrative, systemic, behavioural, and humanistic) according to client or participant gender.

### **Appendix C. Dissemination Statement**

- An article describing the findings of this study will be submitted to the journal Emotion.
- A brief summary of the findings will be emailed to all the participants who have requested a summary.
- A presentation will be given at Exeter University to third year trainees and staff on the doctorate in clinical psychology programme.
- In addition a presentation will also be given to psychological therapists working within an NHS Trust as part of an ongoing CPD programme.

**Appendix D. Instructions to Authors for *Emotion***

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